

Exhibit C

USSN: 09/813,093



EV 561841569 US

Customer Copy
1 and 11-F, April 2004

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			DELIVERY (POSTAL SERVICE USE ONLY)		
PO Zip Code 1450	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd (Sat. Day)	Postage \$	Delivery Attempted Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Date Accepted Mo. Day Year	Scheduled Date of Delivery Month Day	Return Receipt Fee \$	Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Specified Time of Delivery Morning <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COO Fee Insurance Fee \$ \$	Delivery Date Mo. Day	Employee Signature	
Flat Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) A signature is required for delivery of insured mail. If a signature is not provided, the mail will be delivered to the addressee's address without a signature. If a signature is provided, the mail will be delivered to the addressee's address with a signature.		
1st Alpha Country Code	Accomplance Emp. Initials		NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature		
CUSTOMER USE ONLY			Initial Agency Acct. No. or Postal Service Acct. No.		
METHOD OF PAYMENT: Express Mail Corporate Acct. No.			TO: (PLEASE PRINT)		
FROM: (PLEASE PRINT)			NAME		
PHONE			Commission for Patent PO Box 1450 Alexandria VA 22304-1450		
FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811					

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